Atty. Dkt. No: MIC-05632-5D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Joseph S. Elder et al.

Application No.: 10/661,879 Art Unit.: 2618

Filing Date: 09/11/2003 Examiner: Quochien B. Vuong

"Method Of Operating Radio Receiver Implemented In A Single CMOS Integrated Circuit" (As Amended) For:

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Date: January 11, 2007

AMENDMENT TRANSMITTAL

- 1. Transmitted herewith is an amendment for this application.
- 2. **STATUS**: Applicant is other than a small entity.
- 3. **EXTENSION OF TERM:** The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
- FEE FOR CLAIMS: The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

(Col.1) Claims Remaining After Amendment		(Col. 2)	(Col. 3)	LARGE E	LARGE ENTITY		
		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		
38	Minus	38	= 0	x \$50 =	\$0		
5	Minus	5	= 0	x \$200 =	\$0		
First Presentation of Multiple Dependent Claim				+ \$360 =	\$0		
				Total	60		
	Claims Remainin After Amendme	Claims Remaining After Amendment 38 Minus 5 Minus	Claims Remaining After Amendment Minus Min	Claims Remaining After Amendment 38 Minus Minus	Claims Remaining After Previously Present Amendment Paid For Extra Rate 38 Minus 38 = 0 x \$50 = 5 Minus 5 = 0 x \$200 = ntation of Multiple Dependent Claim +\$360 =	Claims Remaining AfterHighest No. Previously Paid ForPresent ExtraAddit. Rate38Minus38 $= 0$ $x \$50 = \0 5Minus 5 $= 0$ $x \$200 = \0 Intation of Multiple Dependent Claim $+ \$360 = \0 Total	Claims Remaining AfterHighest No. Previously

5. FEE PAYMENT and DEFICIENCY: Authorization to charge \$390 for three Terminal Disclaimers is provided herewith. If any additional extension and/or fee is required, please charge Account No. 50-0574.

SIGNATURE OF PRACTITIONER

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